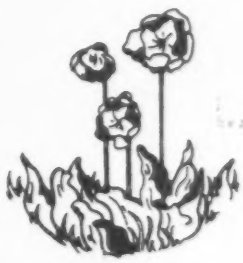
Newf
Med Comc

ANNUAL REPORT

FOR THE YEAR ENDED
MARCH 31, 1978

LEGISLATIVE LIBRARY
WITHDRAWN
LEGISLATIVE LIBRARY OF ONTARIO
TORONTO
JAN 02 1979
RECEIVED



NEWFOUNDLAND
MEDICAL CARE COMMISSION

DEPARTMENT OF HEALTH

St. John's, October 1978

TO THE HONOURABLE GORDON A. WINTER
Lieutenant Governor of Newfoundland and Labrador

May it please your Honour:

I have the honour to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1978.

Your obedient servant,

HAROLD A. COLLINS
Minister of Health

NEWFOUNDLAND MEDICAL CARE COMMISSION

St. John's, October 1978

TO THE HONOURABLE HAROLD A. COLLINS
Minister of Health

Honourable Sir:

I am pleased to present the Annual Report of the Newfoundland Medical Care Commission for the year ended March 31, 1978.

Respectfully submitted,

ROGER M. CROSBIE
Chairman

TABLE OF CONTENTS

Letters of Transmittal	i-iii
Table of Contents	v
Commission Members	vii
Senior Personnel	ix
Highlights of 1977-78 Report	xi
INTRODUCTION	1
THE PLAN	1-2
ORGANIZATION CHART	3
ORGANIZATION	
Commission	4
Executive	5
Processing and Systems Department	6-9
Finance and Statistics Department	10
FINANCIAL STATEMENTS	
Auditor's Report	11
Index to Financial Statements	12
Balance Sheet	13
Statement of Revenue and Expenditure	14
Administrative Expenditure	15
Notes to Financial Statements	16
STATISTICAL TABLE DEFINITIONS	18-19
STATISTICAL TABLES	20-28

MEMBERS
NEWFOUNDLAND MEDICAL CARE COMMISSION

31 MARCH 1978

CHAIRMAN	Roger M. Crosbie St. John's
VICE-CHAIRMAN	Dr. H. J. Blackwood St. John's
MEMBERS	Stephen Gallagher St. John's
	Miss Maureen Greene St. John's
	John Lloyd Gander
	John W. McGrath St. John's
	Mrs. Kathleen Neal Corner Brook
	George G. R. Parsons Portugal Cove
	Dr. P. A. Spurrell St. John's
	Dr. I. R. Woolfrey Grand Falls
EX-OFFICIO MEMBERS	Deputy Minister (or representative) Department of Health
	Executive Director Medical Care Commission

SENIOR
COMMISSION PERSONNEL

31 MARCH 1978

EXECUTIVE DIRECTOR	Roy C. Moores
MEDICAL DIRECTOR	Dr. Gregory F. Russell
MANAGER, PROCESSING & SYSTEMS	Robert O. Peddigrew
MANAGER, FINANCE & STATISTICS	Eric H. Hodder
MEDICAL CLAIMS ADMINISTRATOR	Gerald C. Attwood
ADMINISTRATIVE OFFICER	E. Lester Butler
ASSESSMENT SUPERVISORS	
- IN PROVINCE CLAIMS	Miss Lorraine Healey
- OUT OF PROVINCE CLAIMS	Mrs. Jane Corbett
SUPERVISOR OF EDIT	John R. Mugford
SUPERVISOR OF PUBLIC SERVICES	Nelson W. Harris
SUPERVISOR OF MEDICAL AUDIT	Ernest Shute

HIGHLIGHTS OF 1977-78 REPORT

- Method of funding changed on April 1, 1977 from per capita cost sharing to a transfer of tax points to the province of Newfoundland.
- Average gross payment to full-time physicians decreased by 2% from the previous year to $74,145. Estimated average net professional income based on operating expenses of one third of gross payment decreased by 1.4% to $49,430.
- Volume of services increased by only 1.8% to 2,472,400 as compared with an increase of 7.7% in the previous year.
- Total payments for insured services increased by only 3.6% to $32,383, 503 as compared with an increase of 14.4% in the previous year.
- Administrative costs of $1,318,748 were 3.9% of total program expenditure.
- 151 physicians commenced practice and 109 physicians retired or left the province for a net gain of 42.

104-01154/

THE NEWFOUNDLAND MEDICAL CARE INSURANCE PLAN

introduction

The Newfoundland Medical Care Insurance Plan (MCP), in co-operation with the Government of Canada, provides coverage of medical services for all bona-fide residents of the province. The plan is administered by the Newfoundland Medical Care Commission, appointed in accordance with Section 4 of the Newfoundland Medical Care Insurance Act, Chapter 265 of the Revised Statutes of Newfoundland, 1970 and the Commission is responsible to the Minister of Health.

The Medical Care Insurance Fund, authorized under Section 29 of the Act, is financed by monies voted by the legislature of Newfoundland. The Commission's fiscal period is April 1 to March 31 and its financial position relative to cost is reported on a full accrual basis.

the plan

The legislative framework of the plan is set out in the Medical Care Insurance Act, amendments to that Act and its various regulations. The responsibility for the administration of the plan is vested in a Commission appointed by the provincial government. Effective April 1,1977, the cost sharing arrangement which existed under the terms of the Federal Medical Care Act was discontinued. That arrangement was replaced by funds being made available to the province through the federal government's Federal-Provincial Fiscal Arrangements and Established Programs Financing Act 1977, by means of (a) a transfer of income tax points and (b) a cash contribution.

Individuals have complete freedom of choice as to which physician they consult. Physicians may be either participating or non-participating with respect to the plan. A participating status means that the doctor invoices MCP directly at approved rates as indicated in a payment schedule. When a physician is non-participating, he retains the right to bill the patient directly and at rates which may be higher than the payment schedule rates. MCP reimburses the patient at payment schedule rates and the patient is responsible for any difference. When a patient is treated by a specialist to whom he has not been referred, MCP will pay costs at general practice rates and the patient may be required to pay the specialist any difference. Exceptions to this are surgery, diagnostic services and in-hospital daily care.

Physicians' services included in the plan are set out in the Newfoundland Medical Care Insurance (Insured Services) Regulations. These include:

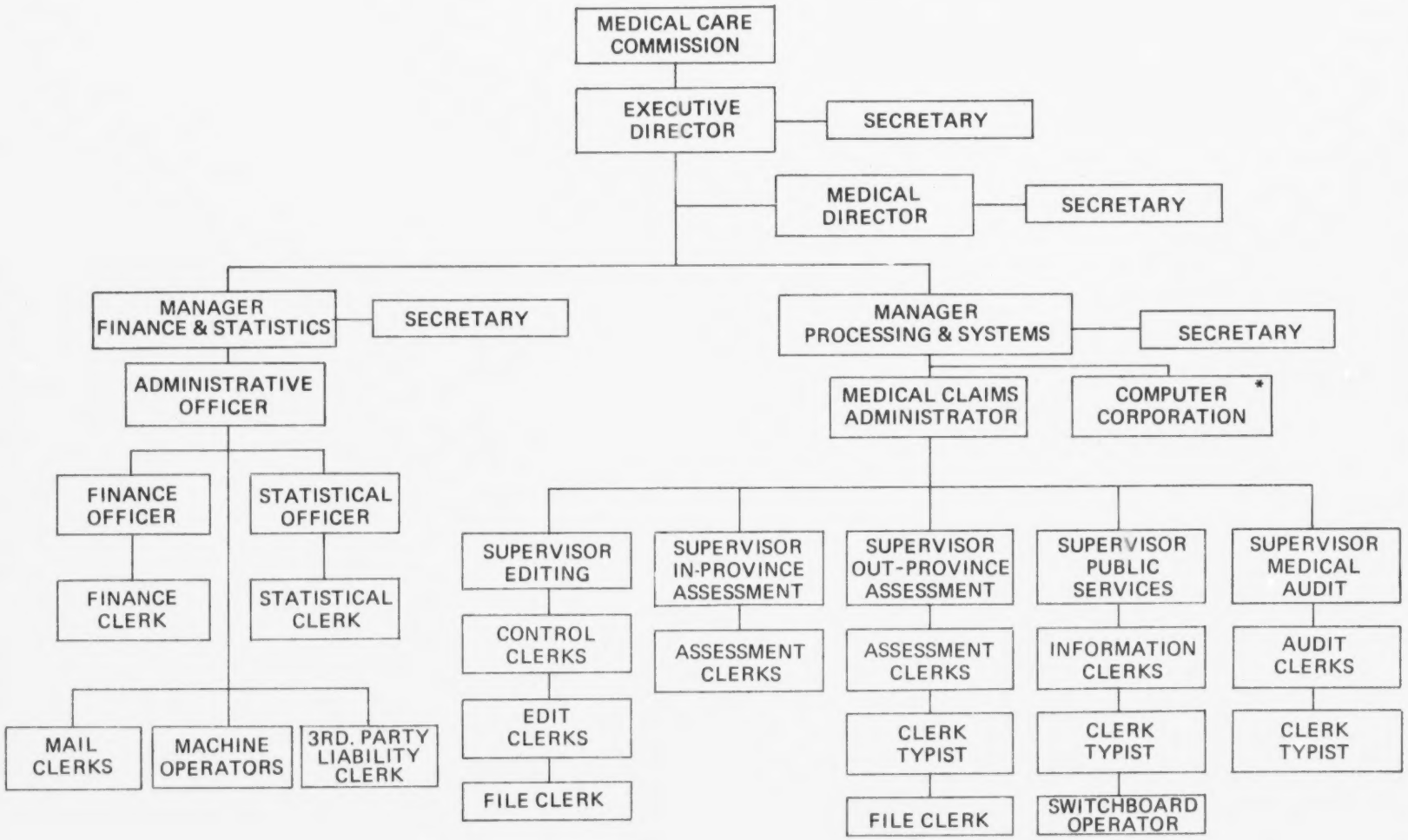
Visits in the office, hospital or home.
Care and treatment before, during and after operations, including anaesthesia.
Complete maternity care.
Eye examinations performed by a physician.
Specified surgical-dental procedures medically required to be performed in a hospital.

Not included in the plan are:

Services available to a resident under legislation covering Newfoundland Hospital Insurance, Workmen's Compensation, Department of Veteran's Affairs, Royal Canadian Mounted Police and Canadian Armed Forces.
Transportation, mileage charges and ambulance charges.
Drugs and vaccines.
Eye glasses, hearing aids, surgical appliances, wheel chairs, crutches, artificial limbs, etc.
Advice given by a physician to a beneficiary by telephone.
Plastic or other surgery for cosmetic purposes.
The services of optometrists, chiropractors, podiatrists, osteopaths, physiotherapists, nurses or other paramedical personnel.
The difference between general practice and specialist rates for non-referred visits to a specialist.
Examinations <u>not necessitated</u> by illness or at the request of a third party, e.g. annual check-up, employment medical, pre-school medical, etc.

When services are rendered to MCP beneficiaries outside the province of Newfoundland, payment for insured services is made at MCP Payment Schedule rates. When the amount billed exceeds the amount payable, payment of the difference becomes the patient's responsibility.

ORGANIZATION CHART
NEWFOUNDLAND MEDICAL CARE COMMISSION



* Contractual Arrangements

March 31, 1978

organization

COMMISSION

Section 18 of the Act makes provision for a Commission responsible to the Minister of Health and charges this Commission to 'be responsible to establish and administer a plan of medical care insurance for residents of Newfoundland'.

The Commission is comprised of ten voting members appointed by the Lieutenant-Governor in Council, three of whom are nominated by the Newfoundland Medical Association and two ex-officio members - the Deputy Minister of Health (or his representative) and the Executive Director of the Commission.

The Chairman, Mr. Neville Ralph, resigned on December 31, 1977 and the terms of office of Dr. H. J. Blackwood, Mr. Roger Crosbie, Dr. C. U. Henderson, Mrs. Kathleen Neal, Mr. John Lloyd, Mr. Edward Noonan and Dr. I. R. Woolfrey expired on the same date. Dr. Blackwood, Mr. Crosbie, Mr. Lloyd, Mrs. Neal and Dr. Woolfrey were appointed for a further term with Mr. Crosbie being appointed Chairman. Other appointments during the year were Mr. Stephen Gallagher, Miss Maureen Greene, Mr. John McGrath, Mr. George G. R. Parsons and Dr. P. A. Spurrell.

Eight Commission meetings were held during the year and a number of sub-committees were formed to study and report on matters delegated by the main body. In addition, the following standing committees met throughout the year:

(i) **Joint Liaison Committee** - This Committee meets regularly to exchange information and discuss policies. It consists of the Chairman and two voting members of the Commission along with the President and two executive members of the Medical Association. These meetings form the basis of effective liaison between the two parties.

(ii) **Advisory Committees** - Meetings of the Medical Advisory and Dental Advisory Committees are held as required. The members of these committees review difficult and contentious claims which have been submitted by their peers and make recommendations to the Medical Director. This past year has seen a continuing decrease in the number of claims reviewed which reflects increased insight on the part of the physicians and dentists participating in the Medical Care Plan. However, the valuable work of these two Committees will continue.

(iii) **Consultants' Committee** - This Committee meets monthly to review the profiles of physicians' practices, to elicit explanations of unusual variation in practice patterns and, where indicated, to recommend necessary action to the Commission. This year saw an increase in the depth and breadth of pattern evaluation as the Committee continued to expand its review process.

(iv) **Utilization Committee** - This new committee has been charged with review of patient histories which show a high volume of service over a twelve month period. Seventy-eight histories have been reviewed in detail this year with follow-up recommendations being made regarding thirteen.

(v) **Tariff Development Committee** - Throughout the year payment schedule items may require change or new items may need to be added. This on-going review of the schedule is accomplished through the Tariff Development Committee which meets regularly to consider recommendations received from the Medical Director or the Medical Association. The Committee is comprised of equal representation from the Commission and the Medical Association.

(vi) **Fee Schedule Committee** - At the close of the year both the medical and dental fee schedules were under active review by the negotiating committees of MCP, the Newfoundland Medical Association and the Newfoundland Dental Association.

EXECUTIVE

The Executive Director is the chief executive officer of the Commission and is responsible for the overall administration of the plan. He reports to the Commission through the Chairman. On March 31, 1978 the Executive Director, Mr. Roy C. Moores, retired after 36 years of employment in the public service. Mr. Moores had held the position of Executive Director since September 1970 and was a member of the original management team which implemented the plan in 1969. He was succeeded by Mr. Robert O. Peddigrew, the Commission's former Manager of Processing and Systems.

The position of Medical Director comprises the other half of the Commission's executive. This position was held by Dr. T. Arthur Knowling until his retirement on June 30, 1977 after 37 years of service in the health field in Newfoundland. Dr. Knowling was the Commission's first Medical Director and he played an important role in the development and implementation of the plan. He was succeeded by Dr. Gregory F. Russell on July 1, 1977.

The Commission wishes to pay special tribute to Mr. Moores and Dr. Knowling for their outstanding contributions to the successful establishment and administration of the Medical Care Plan in Newfoundland.

PROCESSING & SYSTEMS DEPARTMENT

The Processing and Systems Department consists of five divisions which report to the Manager, Processing and Systems. Responsibilities of the Department include beneficiary registration, claims processing, medical audit and systems development. Total staff at year end numbered 41.

Following is a general description of the activities of each division:

(i) The Public Services Division, under the direction of the Public Services Supervisor, handles all matters related to the maintenance of the MCP beneficiary masterfile. In addition to answering enquiries from the general public, this includes review and processing of applications for coverage, recording of name and address changes, issuance of MCP identification cards and processing of coverage cancellation forms.

(ii) The Edit Division, through its Supervisor, is responsible for (a) the control of documents throughout the claims processing system and (b) the verification of claim data which fail to comply with a series of preliminary edit rules. The data capture and edit processes comprise the first stage of the claims processing cycle. They are performed by means of an optical character recognition device which scans and interprets the hand-coded claim forms submitted by physicians. Errors and omissions are detected and identified by the OCR edit program for manual processing by a staff of six edit clerks.

(iii) The In-Province Assessment Division handles all claims from physicians in respect of services rendered in Newfoundland which do not comply with computerized medical assessment rules. Under the direction of the In-Province Assessment Supervisor, a staff of medical assessment clerks conducts a manual review and investigation of all factors pertinent to each claim prior to approval or rejection.

(iv) The Out of Province Assessment Division is responsible for processing of all claims in respect of services rendered to MCP beneficiaries by physicians outside Newfoundland. Patient claims are manually reviewed prior to computer processing by a staff of seven who report to the Out of Province Assessment Supervisor. Claims of this type are paid at Newfoundland Payment Schedule rates.

(v) The Medical Audit Division verifies services claimed by physicians either by patient contact or by review of medical documentation. Throughout the year all physicians undergo continuing random audits with a complete audit of services being carried out where indicated. Recovered payments totalled $54,600 for the year of which $49,700 represented payments made for services which were later found to be the responsibility of the Workmen's Compensation Board. The remaining $4,900 represented recoveries because incorrect fee codes were used or because the services were covered by sessional payments. No purposeful misbillings were defined during the year and no legal actions were found to be necessary.

Claims Processing System

Because it must handle complex data in high volumes, the MCP Claims Processing System is largely computerized. The main input medium for claim data is optical character recognition. Key entry is the back-up method.

Claim forms designed to meet Optical Character Reader standards are provided by the Commission to both opted-in and opted-out physicians. Services rendered by a physician are billed in code form by the physician or his authorized staff in accordance with instructions provided at the time the physician registers with MCP.

The claim form is designed so that the doctor may provide enough information about himself, the patient and the service(s) rendered to allow a thorough computer assessment of the validity of each item claimed.

Only those claims which are torn, mutilated or badly prepared (less than 1%) require key entry.

Each day claims are received, sorted, counted, date stamped and batched for processing.

The claims are forwarded three times per week to the computer centre where they are optically scanned and edited. Approximately 12% of the 40,000 documents processed each week are rejected for failure of any of more than 65 edit rules which are applied. Of the more than 75,000,000 characters of information read by the optical character reader during the year, less than 1% reject because of poor figure formation.

Approximately 25% of all rejected claims are returned to physicians while the remainder are corrected by MCP staff and reprocessed.

Those claim forms which comply with the edit rules are sequentially numbered by the scanner for future reference and returned to MCP for microfilming.

Magnetic tapes containing the accepted claim information then become input to a daily assessment program which performs a series of checks (32 rules) on the physician and fee claimed (this program is actually run on the same three days of the week as the edit program).

Claim items which fail on physician and fee assessment are printed on turnaround documents which provide all the information contained on the original claim form, the reference number of the original document and a listing of rules violated. These turnaround documents are then assigned to junior assessment clerks who either correct the item which failed and re-enter the turnaround documents or return the original claim to the doctor with a covering letter.

The items which pass physician and fee assessment are stored on magnetic tape for a further assessment of patient history on a weekly basis. Again, those items which fail at this point, generate turnaround documents for review by assessors. These rejects are divided into two groups on the basis of rule number. The lower rule number rejections are assigned to intermediate assessment clerks while the more complex claims (turnaround documents) are assigned to senior assessors. There are more than 70 rules applied at the Patient History stage.

Claim items which pass all assessment rules of the weekly program are stored on tape until month-end when one cheque for each physician who has submitted claims is produced.

The flow of claims, turnaround documents, adjustments, reject listings, cheques, remittance statements, etc. is controlled and recorded by the Control Section.

Original source documents and recent turnaround documents are kept on file for three months while copies of older claim forms, turnaround documents and adjustment forms are available from microfilm.

A simplified flow chart of the claims processing system follows on page 9.

PROCESSING RESULTS
1977-78

Claims (In-Province)

Received from physicians	1,886,700
% Increase over previous year	3.0%
Claims paid	1,818,600
% Increase over previous year	3.4%
Returned to physicians	68,100
Items of service paid	2,472,400
% Increase over previous year	1.8%
Rejected claims -	
--Edit	11.7%
--Medical Assessment	3.6%

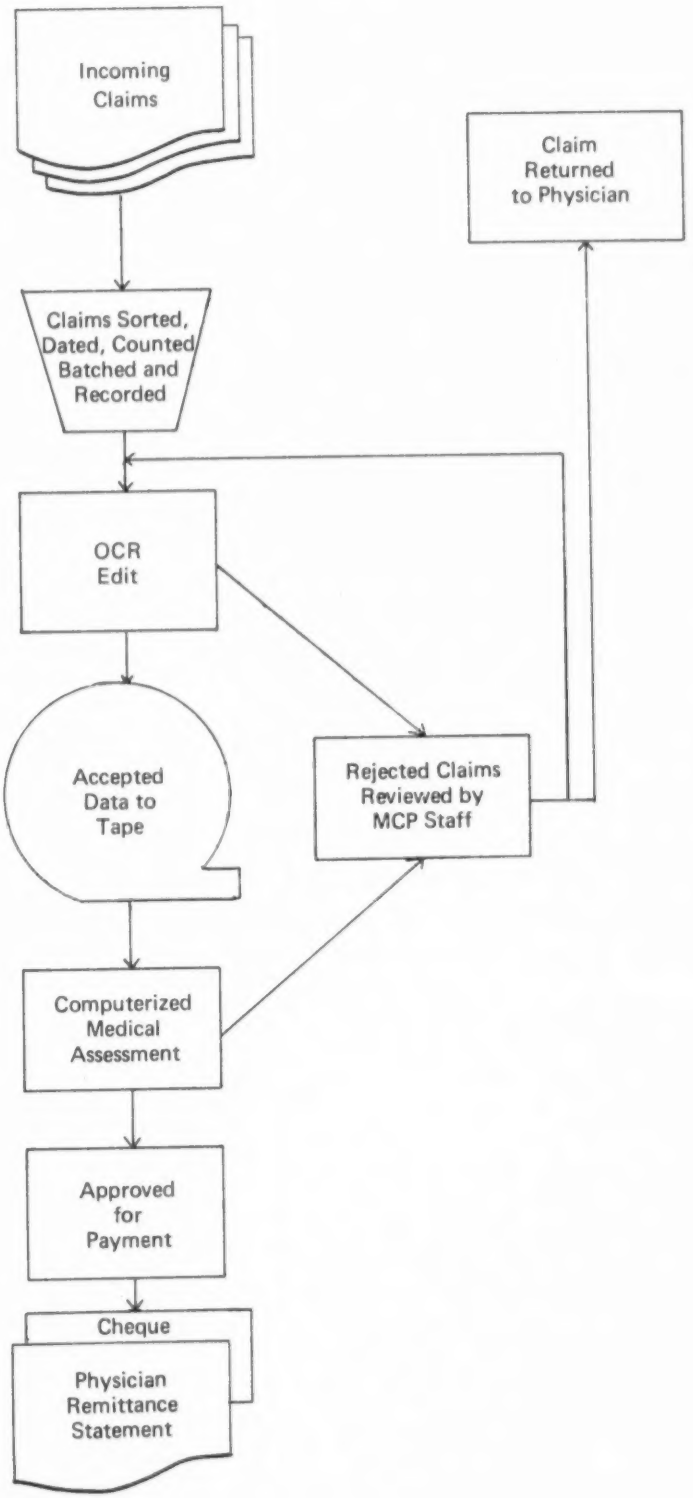
Claims and Enquiries (Out-of-Province)

Received from patients	26,500
% Increase (or decrease) over previous year	(12%)
Claims paid	19,300
Enquiries and non-payable claims	7,200

Patient Registration

New registrations	21,000
Registration updates	38,100
Card replacements	14,400

SIMPLIFIED CLAIMS PROCESSING SYSTEM FLOW CHART



FINANCE AND STATISTICS DEPARTMENT

The direction and control of this department is vested in its Manager. The Manager, complemented by a staff of eleven, including an Administrative Officer, is responsible for the day to day general administrative operations of the Commission. The primary function of this department is to report to the Commission, through the Executive Director, the results of the financial operations of the plan. This includes preparation of financial statements and monitoring revenue and expenditure.

Another major function of the department is the preparation of all statistical reports relating to medical services utilization.

Audited financial statements, which form part of this report, detail the results of the Commission's financial operations for the year ended March 31, 1978.

SUMMARY OF COSTS

	Total Medical Services Costs	Federal Contribution	Federal % of Total Costs	Provincial Contribution
1969-70	12,300,000	9,500,000	77.2	3,959,000
1970-71	15,000,000	12,300,000	82.0	3,443,000
1971-72	15,700,000	14,300,000	91.1	2,273,000
1972-73	17,600,000	16,200,000	92.0	2,325,000
1973-74	20,200,000	16,100,000	79.7	5,073,000
1974-75	23,200,000	18,100,000	78.0	6,150,000
1975-76	27,300,000	20,400,000	74.7	8,000,000
1976-77	31,257,000	20,640,000	66.0	11,800,000
1977-78	32,384,000	—	—	32,384,000

Under the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act 1977, funds are provided to the province by means of a transfer of income tax points and the province provides 100% funding. The foregoing Summary of Costs reflects this change in the method of funding which became effective April 1, 1977.

Expenditure for insured services was $32,384,000.00, an increase of 3.6% over 1976-77. Administrative costs increased by 10.72% but were held at 3.9% of total expenditure.

DEPARTMENT OF THE AUDITOR GENERAL
ST. JOHN'S, NEWFOUNDLAND

AUDITOR'S REPORT

To the Chairman and Members,
The Newfoundland Medical Care
Commission,
St. John's, Newfoundland.

I have examined the Balance Sheet of The Newfoundland Medical Care Commission as at 31 March 1978 and the Statement of Revenue and Expenditure for the year then ended. My examination was made in accordance with generally accepted auditing standards and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at 31 March 1978 and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

D. E. Howley, C. A.,
Auditor General.

St. John's, Newfoundland
25 August 1978

NEWFOUNDLAND MEDICAL CARE COMMISSION
INDEX TO FINANCIAL STATEMENTS
31 MARCH 1978

Balance Sheet	Statement 1
Statement of Revenue and Expenditure	Statement 2
Schedule of Administrative Expenditure	Schedule 1

STATEMENT 1

NEWFOUNDLAND MEDICAL CARE COMMISSION
BALANCE SHEET
AS AT 31 MARCH 1978

ASSETS

	1978	1977
Current:		
Cash	$ 619,097	$ 601,422
Term deposits, at cost	1,000,000	900,000
Accrued interest receivable	3,070	536
Accounts receivable:		
Government of Canada - estimated holdback	—	692,114
Due from Province of Newfoundland - Estimated portion of contribution receivable relating to unprocessed and unpresented claims (Note 1 (b))	—	2,866,211
Net deficit due from the Province of Newfoundland (Note 1 (a))	2,609,616	—
Third party liability recovery	10,526	16,551
Sundry	—	449
Total assets	$4,242,309	$5,077,283

LIABILITIES

Current:		
Accounts payable and accrued liabilities	$ 45,805	$ 32,274
Due to Province of Newfoundland - Salaried physicians	35,863	859,753
Estimated liability for unprocessed and unpresented claims (Note 2)	4,160,641	3,831,972
Net surplus due to the Province of Newfoundland	—	353,284
Total liabilities	$4,242,309	$5,077,283

Signed on behalf of the Commission

R. M. CROSBIE
Chairman

R. O. PEDDIGREW
Executive Director

See accompanying notes

STATEMENT 2

NEWFOUNDLAND MEDICAL CARE COMMISSION
STATEMENT OF REVENUE AND EXPENDITURE
FOR THE YEAR ENDED 31 MARCH 1978

	1978	1977
Revenues (notes 1 (b) and 3):		
Contributions - Government of Canada	$ —	$20,642,464
- Province of Newfoundland	30,905,708	11,966,211
	30,905,708	32,608,675
Investment income	142,412	148,719
Third party recoveries	31,085	32,385
Miscellaneous	13,430	11,591
	186,927	192,695
Total revenue	31,092,635	32,801,370
Expenditures:		
Cost of insured services -		
Physicians -		
Fee for service (opted-in)	23,392,429	22,772,793
Fee for service (opted-out) and out-of-province physicians	549,559	605,634
Dental surgery	409,971	414,922
Sessional payments	861,106	666,729
	25,213,065	24,460,078
Payments in lieu of fee for service	15,000	21,168
Salaried physicians	7,155,438	6,775,819
	32,383,503	31,257,065
Administrative expenditures (schedule 1)	1,318,748	1,191,021
	33,702,251	32,448,086
Net deficit (surplus) for the year	$ 2,609,616	$ (353,284)

See accompanying notes

SCHEDULE 1

NEWFOUNDLAND MEDICAL CARE COMMISSION
ADMINISTRATIVE EXPENDITURE
FOR THE YEAR ENDED 31 MARCH 1978

	1978	1977
Computer Costs:		
Claims Processing	$ 335,100	$ 312,000
Redevelopment	46,940	30,391
	382,040	342,391
Salaries	695,596	631,119
Commission Fees	6,821	10,118
Office Supplies	76,367	69,081
Microfilming	10,566	6,728
Postage and Telephone	37,810	31,245
Electricity	2,694	2,252
Furniture and Equipment	16,390	6,070
Office Rental	56,818	57,793
Leasehold Improvements	2,544	3,139
Travelling	11,125	9,976
Miscellaneous	19,977	21,109
Total Administrative Expenditure	$1,318,748	$1,191,021

See accompanying notes

NEWFOUNDLAND MEDICAL CARE COMMISSION
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 1978

1. **Summary of significant accounting policies**

   (a) In accordance with Section 3 of the Newfoundland Medical Care Insurance (Amendment) Act, 1974, the Province of Newfoundland is liable for any deficit of the Commission from money voted by the Legislature. As a result the net deficit for the year of $2,609,616 has been recorded as due from the Province of Newfoundland.

   (b) For the year ended March 31, 1977, the Commission recorded as revenue and an account receivable $2,866,211 which represented the estimated contribution receivable from the Province of Newfoundland related to unprocessed and unpresented claims. For the year ended March 31, 1978, the Commission has not recorded a corresponding amount as revenue and an account receivable with the result that the net deficit due from the Province of Newfoundland has been increased accordingly.

   Had the revenue and account receivable not been recorded for the year ended March 31, 1977, revenue for that year would have been reduced by $2,866,211 and the surplus for the year of $353,284 would have been a deficit of $2,512,927.

   (c) The Commission follows the practice of expensing fixed assets in the year of acquisition. Total furniture and equipment acquired to date and still under the Commission's control is $95,843.

2. **Estimated liability for unprocessed and unpresented claims**

   The estimated liability for unprocessed and unpresented claims is $4,160,641 as at March 31, 1978. This amount consisted of $2,858,941 covering claims received in March 1978 and paid in subsequent months and an estimate of $1,301,700 for physicians' services rendered prior to March 31, 1978, but for which no claims had been submitted at that time.

3. **Revenue**

   On April 1, 1977 contributions for medical care costs which were previously funded on a cost-sharing basis by the Government of Canada and the Province of Newfoundland and Labrador became the full responsibility of the Province of Newfoundland and Labrador.

4. **Anti-Inflation Act**

   Newfoundland Medical Care Commission, is subject, in part, to the Anti-Inflation Act and Regulations, which became effective October 14, 1975 and which terminate December 31, 1978. As a result, the Commission's ability to increase fee for service rates and employee compensation during this period is restricted. The Commission is of the opinion that it is in compliance with the Anti-Inflation Act and Regulations.

STATISTICAL TABLES

STATISTICAL TABLES
DATA DEFINITIONS

Statistical Table 1 is revised to reflect the change in 1977-78 of the specialty category by deleting salaried physicians as a specialty.

As a result of this change the bracketed ( ) items reflect the number of salaried physicians in the particular specialty.

Comparative analysis can be made by reference to the following:

	1976-77	1977-78
A. Fee-for-service physicians	438 *	482
Salaried physicians	353 *	341
(* revised)		

	1977-78
B. Total fee-for-service payments to salaried physicians	$235,499
Total sessional payments to salaried physicians	159,550

Statistical Table 2 reflects insured services rendered by fee-for-service physicians by specialty.

Statistical Table 3 shows the percentage distribution by age and sex of population, fee for service payments and services. This table may be specifically itemized by reference to the following:

A. Total population based on the 1976 Canadian Census	555,735
B. Total insured fee-for-service payments	$24,015,663
C. Total insured fee-for-service services	2,450,372

Statistical Table 4 reflects average insured service payments to fee for service physicians by specialty for the following:

A. Full-Time: All physicians who received a minimum of eleven regular payments totaling $20,000 or in excess of $20,000 in the fiscal period.

B. Active: All physicians who received a minimum of $5,000 in fee-for-service payments in the fourth fiscal quarter.

C. $20,000 Plus: All physicians who received more than $20,000 in fee-for-service payments during the fiscal year.

D. All physicians: All physicians who received a fee-for-service payment during the fiscal year greater than the income from salary and/or sessional.

E: Bracketed figures represent number of physicians.

Statistical Table 5 reflects the level of gross payments to full-time fee-for-service physicians by specialty.

Statistical Table 6 reflects comparative percentage of full-time fee-for-service physicians by level of gross payment for the period April 1, 1974 to March 31, 1978.

Statistical Table 7 reflects physicians and dentists in Newfoundland at December 31, 1977 by district.

Statistical Table 8 reflects physicians and dentists in Newfoundland for the years December 31, 1969 to December 31, 1977.

Statistical Table 9 reflects on a fee-for-service basis the level of service by number of patients and also the percentage of total patients.

At high service levels (20+ services) the table indicates the number of physicians visited by each patient in the various groups and the number of services rendered to each group.

A. Total number of patients seen at all levels - 320,443

B. Total number of services rendered at all levels - 2,450,372

DISTRIBUTION OF PAYMENTS BY TYPE OF PAYMENT BY SPECIALTY 1977-78

TABLE I

Specialty	Physicians & Dentists		Fee-For-Service Payments	Salaried Payments	Sessional Payments	Total Payments	% Total Payments
General Practice	532	(306)	$11,040,461	$5,423,848	$390,190	$16,854,499	54.0
Anaesthesia	66	(8)	1,255,242	69,094	156,540	1,480,876	4.8
Dermatology	2	—	78,688	—	—	78,688	0.3
Surgery (General Plastic & Neuro.)	46	(5)	2,812,267	166,469	55,590	3,034,326	9.7
Internal Medicine	47	(5)	2,129,584	69,007	43,812	2,242,403	7.2
Neurology	5	—	214,147	—	19,788	233,935	0.8
Obstetrics & Gynaecology	22	(3)	1,395,686	109,022	5,400	1,510,108	4.8
Ophthalmology	31	(1)	548,224	22,186	76,675	647,085	2.1
Orthopaedic Surgery	10	—	904,103	750	31,600	936,453	3.0
Otolaryngology	5	(1)	501,268	42,817	—	544,085	1.7
Paediatrics	26	(4)	869,234	73,310	61,075	1,003,619	3.2
Psychiatry	25	(8)	1,039,068	343,145	22,563	1,404,776	4.5
Urology	6	—	428,968	—	400	429,368	1.4
Total Physicians	823	(341)	23,216,940	6,319, 648	863,633	30,400,221	97.5
Dental Surgery	62	—	409,027	—	—	409,027	1.3
Out of Province	—	—	389,696	—	—	389,696	1.2
Totals	885	(341)	24,015,663	6,319,648	863,633	31,198,944	
% of Totals			77.0	20.3	2.7		

See statistical table definitions page 18

ITEMS OF SERVICE BY SPECIALTY BY TYPE OF SERVICE 1977-78

TABLE 2

Specialty	Consultations & Assessments	Office Visits	Home Visits	Hospital Visits	Diagnostic Therapeutic Procedures	Obstetrics	General Surgery	Time Units	Dental Surgery	Totals	% of Totals
General Practice	74,319	1,136,212	76,956	197,168	42,544	11,358	29,598	37,821	1,682	1,607,658	65.6
Anaesthesia	333	246	16	1,417	4,371	202	25,464	122,513	3,495	158,057	6.5
Dermatology	2,183	1,000	2	2,408	87	—	276	—	—	5,956	0.2
General Surgery	18,790	12,468	924	30,375	1,096	208	18,384	2,112	41	84,398	3.4
Internal Medicine	23,983	8,887	113	91,755	17,638	—	2,306	—	—	144,682	5.9
Neurology	4,762	473	1	6,444	9	—	14	—	—	11,703	0.5
Neurosurgery	1,852	191	—	3,239	40	—	620	17	1	5,960	0.2
Obstet. & Gynae.	16,586	19,339	99	9,233	141	3,455	9,829	546	1	59,229	2.4
Ophthalmology	23,700	5,926	4	1,397	87	—	754	—	—	31,868	1.3
Orthopaedic Surgery	15,259	5,379	7	17,206	599	—	5,236	551	6	44,243	1.8
Otolaryngology	10,739	6,744	1	610	709	—	5,931	—	2	24,736	1.0
Paediatrics	14,963	10,760	543	36,012	17,412	—	268	81	—	80,039	3.3
Plastic Surgery	1,486	377	—	2,455	2	—	2,083	—	86	6,489	0.3
Psychiatry	7,682	41,283	195	31,822	2,542	—	—	—	—	83,524	3.4
Urology	4,638	1,084	4	5,411	139	—	4,291	39	—	15,606	0.6
Dental Surgery	11	—	—	—	1	2	25	—	57,595	57,634	2.4
Out of Province	5,095	7,892	110	6,632	1,743	171	1,967	4,910	70	28,590	1.2
Totals	226,381	1,258,261	78,975	443,584	89,160	15,396	107,046	168,590	62,979	2,450,372	
% of Totals	9.2	51.4	3.2	18.1	3.6	0.6	4.4	6.9	2.6		

See statistical table definitions page 18

PERCENTAGE DISTRIBUTION BY AGE AND SEX OF POPULATION FEE FOR SERVICE PAYMENTS AND SERVICES 1977-78

TABLE 3

	MALE			FEMALE		
	% POPULATION	% PAYMENTS	% SERVICES	% POPULATION	% PAYMENTS	% SERVICES
Under 1 yr.	1.0	0.9	1.0	1.0	0.7	0.8
1 - 4	4.3	4.2	4.8	4.1	3.3	4.0
5 - 9	5.8	3.3	3.6	5.5	2.6	3.0
10 - 14	6.2	2.4	2.6	5.9	2.3	2.5
15 - 19	5.8	2.6	2.7	5.5	4.8	5.1
20 - 24	4.7	2.6	2.8	4.7	7.6	7.8
25 - 29	4.2	2.7	2.7	4.1	7.5	7.2
30 - 34	3.2	2.4	2.4	3.1	5.7	5.3
35 - 39	2.5	2.0	2.0	2.4	3.8	3.5
40 - 44	2.3	1.9	1.7	2.1	3.1	2.8
45 - 49	2.1	2.1	1.9	2.0	3.0	2.7
50 - 54	2.0	2.2	2.0	1.9	2.8	2.6
55 - 59	1.9	2.7	2.4	1.8	2.7	2.6
60 - 64	1.7	2.7	2.4	1.6	2.5	2.4
65 - 69	1.3	2.3	2.1	1.2	2.3	2.2
70 - 74	0.8	1.6	1.4	0.9	1.6	1.6
75 - 79	0.5	1.1	1.1	0.7	1.3	1.4
80 - 84	0.3	0.7	0.8	0.4	0.9	0.9
Over 84	0.2	0.5	0.5	0.3	0.6	0.7
	50.8	40.9	40.9	49.2	59.1	59.1

See statistical table definitions page 18

AVERAGE GROSS PAYMENTS TO FEE-FOR-SERVICE PHYSICIANS 1977-78

TABLE 4

	(A) FULL-TIME		(B) ACTIVE		(C) $20,000 PLUS		(D) ALL PHYSICIANS	
GENERAL PRACTICE	(142)	$ 66,269	(178)	$ 59,594	(182)	$ 60,017	(226)	$ 50,043
St. John's	(55)	60,799	(69)	54,004	(70)	55,293	(87)	46,326
Corner Brook	(14)	72,848	(16)	67,819	(14)	72,848	(16)	63,781
Grand Falls	(12)	74,328	(13)	71,837	(13)	71,837	(15)	64,065
Carbonear	(7)	66,372	(7)	66,372	(7)	66,372	(8)	60,266
Labrador City	(3)	63,047	(5)	51,003	(7)	48,438	(12)	29,945
Gander	(9)	60,053	(9)	60,053	(9)	60,053	(9)	60,053
Other Districts	(42)	70,480	(59)	61,055	(62)	60,559	(79)	49,567
ANAESTHESIA	(13)	62,732	(20)	49,098	(22)	50,911	(58)	22,664
MEDICAL SPECIALISTS	(43)	74,481	(65)	62,926	(70)	61,159	(88)	50,264
Dermatology	(1)	63,902	(1)	63,902	(1)	63,902	(2)	39,344
Internal Medicine	(20)	71,007	(33)	62,720	(34)	61,511	(42)	50,716
Neurology	(2)	81,534	(3)	66,391	(4)	56,671	(5)	46,787
Paediatrics	(10)	68,489	(14)	53,884	(16)	53,279	(22)	42,177
Psychiatry	(10)	87,068	(14)	71,640	(15)	69,783	(17)	61,920
SURGICAL SPECIALISTS	(62)	94,351	(73)	85,135	(77)	84,733	(110)	61,311
Surgery - Plastic	(2)	133,075	(2)	133,075	(2)	133,075	(2)	133,075
- Neuro.	(2)	96,964	(2)	96,964	(2)	96,964	(2)	96,964
- General	(22)	86,457	(27)	82,079	(31)	75,774	(37)	64,923
Obstetrics & Gynaecology	(13)	95,906	(18)	76,750	(16)	85,245	(19)	73,717
Ophthalmology	(5)	89,580	(6)	75,596	(7)	70,247	(30)	20,612
Otolaryngology	(3)	164,649	(4)	124,317	(3)	164,649	(4)	124,317
Orthopaedic Surgery	(9)	96,627	(8)	97,117	(10)	93,645	(10)	93,645
Urology	(6)	71,561	(6)	71,561	(6)	71,561	(6)	71,561
ALL SPECIALISTS	(118)	83,627	(158)	71,437	(169)	70,566	(256)	48,758
ALL PHYSICIANS	(260)	74,145	(336)	65,163	(351)	65,096	(482)	49,360

See statistical table definitions pages 18 & 19

LEVEL OF GROSS PAYMENTS TO FULL-TIME FEE-FOR-SERVICE PHYSICIANS BY SPECIALTY

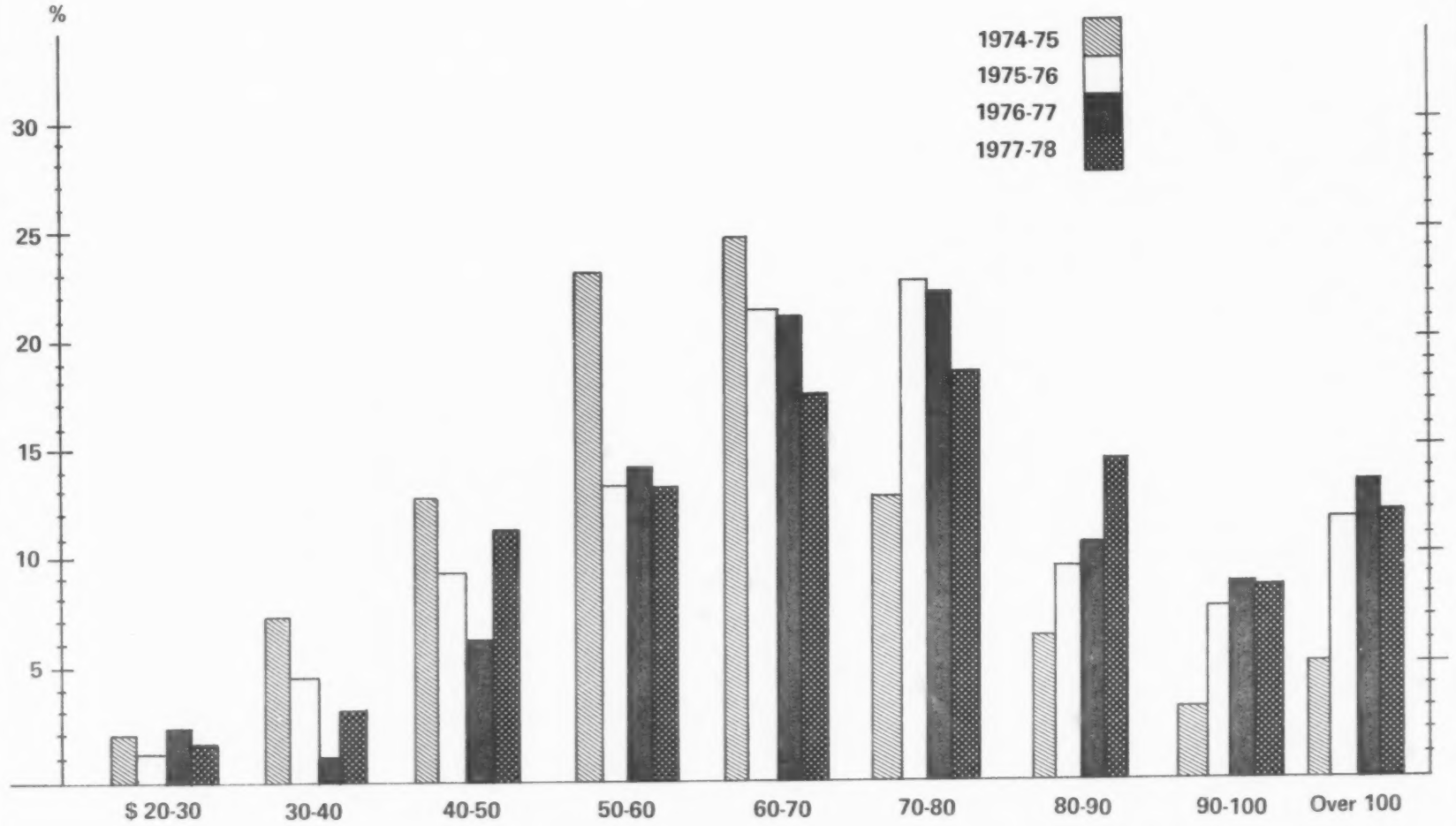
TABLE 5

GROSS PAYMENTS APRIL 1977 - MARCH 1978	ANAESTHESIA	DERMATOLOGY	SURGERY (GENERAL PLASTIC & NEUROSURG.)	INTERNAL MEDICINE	NEUROLOGY	OBSTETRICS AND GYNAECOLOGY	OPHTHALMOLOGY	OTOLARYNGOLOGY	ORTHOPAEDIC SURGERY	PAEDIATRICS	PSYCHIATRY	UROLOGY	SUB-TOTALS	GENERAL PRACTICE	TOTALS	% OF TOTALS
$20,001 - 30,000				1									1	3	4	1.5
30,001 - 40,000				1									1	7	8	3.1
40,001 - 50,000	2		2	1						2			7	23	30	11.5
50,001 - 60,000	5		1	3						1		3	13	21	34	13.1
60,001 - 70,000	1	1	3	3	1				1	2	3		15	30	45	17.3
70,001 - 80,000	5		2	4		2	2		1	2	2	1	21	27	48	18.5
80,001 - 90,000			9	4		4	1		3	3		1	25	13	38	14.6
90,001 - 100,000				1	1	3			1		2	1	9	13	22	8.5
Over 100,000			9	2		4	2	3	3		3		26	5	31	11.9
TOTALS	13	1	26	20	2	13	5	3	9	10	10	6	118	142	260	

See statistical table definitions page 19

COMPARATIVE PERCENTAGE OF FULL-TIME FEE-FOR-SERVICE PHYSICIANS
BY LEVEL OF GROSS PAYMENT APRIL 1, 1974-MARCH 31, 1978

TABLE 6



See statistical table definitions page 19

PHYSICIANS AND DENTISTS IN NEWFOUNDLAND 31 DECEMBER 1977

TABLE 7

DISTRICT	PRIVATE PRACTICE	SALARIED	RADIOLOGY	PATHOLOGY	ADMINISTRATION	TOTAL PHYSICIANS	DENTISTS
Baie Verte	x	6	1	x	x	7	4
Bay de Verde	1	x	x	x	x	1	x
Bell Island	1	2	x	x	x	3	1
Bonavista	3	7	x	x	x	10	1
Bonne Bay	x	5	x	x	x	5	x
Botwood	2	6	x	x	x	8	x
Brookfield	1	4	x	x	x	5	1
Burgeo	x	3	x	x	x	3	x
Burin	3	4	x	x	x	7	2
Carbonear	10	x	x	x	x	10	3
Channel	2	3	x	x	x	5	2
Come by Chance	7	5	x	x	x	12	2
Ferryland	1	2	x	x	x	3	x
Fogo	x	2	x	x	x	2	x
Gander	20	13	1	1	x	35	8
Grand Bank	2	2	x	x	x	4	2
Grand Falls	23	5	2	2	1	33	5
Harbour Breton	x	8	x	x	x	8	1
Harbour Grace	5	x	x	x	x	5	1
Harbour Main	10	x	x	x	x	10	2
Humber	48	6	2	2	x	58	8
I. G. A. Newfoundland	x	24	x	1	x	25	3
I. G. A. Labrador	x	20	x	x	x	20	1
Labrador	12	x	x	x	x	12	3
Markland	2	3	x	x	x	5	2
Old Perlican	x	5	x	x	x	5	x
Placentia	2	2	x	x	x	4	2
Port de Grave	6	x	x	x	x	6	1
Springdale	3	3	x	x	x	6	3
Stephenville	9	9	1	x	x	19	3
St. John's	260	32	12	7	21	332	33
St. Lawrence	x	2	x	x	x	2	1
St. Mary's	x	1	x	x	x	1	x
Trinity	x	1	x	x	x	1	x
Twillingate	1	5	x	x	x	6	x
TOTALS	434	190	19	13	22	678	95

See statistical table definitions page 19

PHYSICIANS AND DENTISTS IN NEWFOUNDLAND 1969 TO 1977

TABLE 8

YEAR ENDING	PRIVATE PRACTICE	SALARIED	RADIOLOGY	PATHOLOGY	ADMINISTRATION	TOTAL PHYSICIANS	DENTISTS
31/12/1969	221	149	15	17	19	421	54
Net 1970	+29	-7	+1	-3	+1	+21	+5
31/12/1970	250	142	16	14	20	442	59
Net 1971	+22	+6	-1	+1	-2	+26	-1
31/12/1971	272	148	15	15	18	468	58
Net 1972	+20	+3	+1	-1		+23	+9
31/12/1972	292	151	16	14	18	491	67
Net 1973	+8	+9		-1		+16	+3
31/12/1973	300	160	16	13	18	507	70
Net 1974	+71				-2	+69	+1
31/12/1974	371	160	16	13	16	576	71
Net 1975	+19	+10	+3	+1	-2	+31	-3
31/12/1975	390	170	19	14	14	607	68
Net 1976	+14	+14		-2	+3	+29	+14
31/12/1976	404	184	19	12	17	636	82
Net 1977	+30	+6		+1	+5	+42	+13
31/12/1977	434	190	19	13	22	678	95

See statistical table definitions page 19

PATIENT SERVICE LEVELS 1977-78

TABLE 9

Level of Services per Patient	Number of Patients	% of Total Patients
1-5	231,566	72.3
6-10	53,807	16.8
11-15	17,785	5.6
16-19	7,055	2.2
20+	10,230	3.1

HIGH SERVICE LEVEL PATIENT FLOW

Number of Physicians Seen:		1	2	3	4-6	7-10	11-14	15+	Total	%
Services per Patient										
20-24	Patients	125	322	491	2,065	1,060	77	0	4,140	1.3
	Services	2,751	6,986	10,648	45,139	23,318	1,709	0	90,551	
25-29	Patients	39	143	250	1,079	916	125	9	2,561	0.8
	Services	1,042	3,810	6,667	28,723	24,592	3,353	242	68,429	
30-34	Patients	20	58	98	549	547	111	14	1,397	0.4
	Services	645	1,841	3,098	17,420	17,393	3,557	450	44,404	
35-39	Patients	12	22	44	242	306	97	20	743	0.2
	Services	439	813	1,618	8,869	11,207	3,578	748	27,272	
40-44	Patients	6	14	22	132	190	82	22	468	0.1
	Services	253	587	911	5,515	7,951	3,424	929	19,570	
45-49	Patients	7	8	12	66	108	42	17	260	0.1
	Services	328	372	560	3,097	5,049	1,972	797	12,175	
50+	Patients	2	10	36	162	184	139	128	661	0.2
	Services	130	574	2,605	12,080	12,240	10,599	10,610	48,838	
TOTAL	Patients	211	577	953	4,295	3,311	673	210	10,230	3.1
	Services	5,588	14,983	26,107	120,843	101,750	28,192	13,776	311,239	

See statistical table definitions page 19